

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10-618-415

FILING DATE

07-11-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5	1					
6		1				
7		2				
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50						
TOTAL IND.	2					
TOTAL DEP.	7	7	7	7	7	7
TOTAL CLAIMS	9	9	9	9	9	9

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						